



AGENDA ITEM

3.2

MENTAL HEALTH ACT MONITORING COMMITTEE

**MENTAL HEALTH ACT MONITORING
ACTIVITY REPORT FOR QUARTER 1 (APRIL-JUNE 2021/2022)**

Date of meeting	04/08/2021	
FOI Status	Open/Public	
If closed please indicate reason	Choose an item.	
Prepared by	Mr Robert Goodwin- Service Group Manager Bridgend ILG Mrs Alison Thomas -Mental Health Act Team Leader	
Presented by	Phil Lewis, Head of Mental Health Nursing	
Approving Executive Sponsor	Executive Director of Primary, Community & Mental Health	
Report purpose	FOR DISCUSSION / REVIEW	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Mental Health Act office staff		SUPPORTED



ACRONYMS	
MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board
CAMHS	Child & Adolescent Mental Health Services
CTO	Community Treatment Order
RC	Responsible Clinician
AC	Approved Clinician
AMHP	Approved Mental Health Professional
CoPW	Code of Practice for Wales
PICU	Psychiatric Intensive Care Unit
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team
HIW	Health Inspectorate Wales

Summary

There has been a decrease in detentions within the Adult and CAMHS services between Q4 2020/2021 and Q1 in the current year whilst has Older Persons have witnessed in increase in detentions.

There have been 4 occasions in the use of Section 4, all applied out of hours and 2 uses of Section 5(4) in this reporting period.

There were 3 fundamentally defective errors, the details of which are included at the end of this report and which will be considered by the monitoring committee when it meets on 4th August 2021.

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present activity data regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q1 (April – June 2021/2022).
- 1.2 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.3 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.4 A Glossary of terms is attached for ease of reference (Appendix 2.)

2. SPECIFIC MATTERS FOR CONSIDERATION BY THE COMMITTEE (ASSESSMENT)

- 2.1 This quarterly MHA activity report is distributed to members of the MHA Operational Group Meeting and is considered at individual Clinical Service Group Quality & Risk meetings. Trends are monitored to highlight and manage any risks to the organisation.

2.2 Adult Detentions

There has been a marginal decrease in the total number of detentions, which has dropped from 110 to 108 between Q4 and Q1. The number of Section 2 detentions decreased from 63 to 56 with the number of Section 3 detentions increasing from 17 to 20.

The figures are split by localities as follows:

In Merthyr detentions increased by 57% from 14 in Q4 to 22 in Q1.

In Cynon detentions decreased by 10% from 20 to 18.

In Bridgend detentions decreased by 38% from 29 to 18.

In Taff detentions decreased by 35% from 17 to 23.

In Rhondda detentions increased by 31% from 16 to 11.

Out of area detentions increased by 14% from 14 to 16.

There were 4 occasions when Section 4 emergency applications were made in Q1, (2 from the Merthyr area, 1 Bridgend and 1 Cynon), which all occurred out of hours. 2 were converted to Section 2 within 24 hours and 1 was converted to Section 2 within 48 hours, 1 was regraded to Informal status.

In Q1, there were 2 occasions when the nurses' holding power under Section 5(4) was utilised in the Royal Glamorgan Hospital, over the weekend period. Both patients were assessed by a doctor within the 6-hour period and regraded to S5 (2).

Older Persons Detentions

The total number of detentions in Older Persons increased from 23 in Q4 to 28 in Q1, a 22% increase, with variance across the localities as below:

In Merthyr detentions decreased from 7 to 6 – a 14% decrease
In Bridgend detentions increased from 7 to 8 – a 14% increase
In Cynon detentions increased from 2 to 10 – a 500% increase
In Taff detentions decreased from 6 to 2 – a 67% decrease
In Rhondda detentions increased from 1 to 2 – a 50% increase
Out of area detentions remained the same at 0.

2.3 CAMHS Detentions

CAMHS witnessed a 42% decrease in detentions from 19 in Q4 to 11 in Q1.

In Q1, there were 11 detentions (7 from Cardiff and Vale UHB, 2 from Swansea Bay UHB, 1 from Hywel Dda UHB and 1 from CTM UHB).

Out of the 11, 1 young persons were detained on Adult wards, 0 within a Mental Health Unit and 1 on the general wards within the Health Board.

2.4 Community Treatment Orders (CTO)

There were 3 new CTOs applied in Q1 compared with 1 in Q4, a 200% increase.

In Q1, there were 2 CTOs extended, 3 recalled, 5 recalled and revoked. 6 patients were discharged from detention under CTO.

There were 29 CTOs in place in Q1.

2.5 Use of Section 135/136 Police Powers

Section 136 detentions increased from 27 in Q4 to 51 in Q1.

Section 135 detentions remained the same in Q1 as Q4 2020/2021.

Use of Section 135 and 136 by area for Q1 2021/2022

Area	2020/21 Quarterly Mean	Q1 2021/22
Taff	7.75	7
Rhondda	10	12
Merthyr	5	8
Cynon	3.5	2
Bridgend	10.25	21
Out of area	2.25	4
Total	39	54

- The triage scheme that works alongside SWP should ensure that patients are being appropriately sign posted to the correct service rather than receiving a crisis assessment.
- With reference to the marked increase in the Bridgend activity, the quarterly mean for 2019/20 was 28 so there was a significant drop last year. This year is 25% lower than it was 2 years ago. The issue was discussed in the Operational Group with the consensus view being that there is an increase due to the lifting of lockdown restrictions.
- The new electronic forms are helping police officers ask the right questions to patients, which may possibly lead to an increase in informal crisis assessments.

The use of Section 136 will continue to be monitored in the MHA Operational Group meeting. Any trends will be discussed and reported back to the Committee.

2.6 Current Challenges

- Issue of Responsible Clinician cover in the Merthyr and Rhondda CMHT's
- Completion of the electronic S136 monitoring forms.
- S136 training for staff in A&E

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The lack of availability of Consultants in both the Merthyr and Rhondda CMHT's has proved problematic for the Mental Health Act department.

The urgent issue of RC cover has resulted in uncertainty of whom to contact for Mental Health Assessments for detained inpatients, which has led to the potential risk of a lapsed detention and failure to adhere to the statutory requirements of the MHA 1983 and Code of Practice for Wales. A plan was put in place to mitigate this risk by the Clinical Director

- 3.2 The wards across CTMUHB are using different types of health records – Adult in old Cwm Taf use Care Partner, whereas Older persons Mental Health, CAMHS and Bridgend wards, all use paper based records.

4. EXAMPLES OF GOOD PRACTICE

- 4.1 The MHA team have created a basic self-help guide on the Intranet. This sign posts colleagues, including nursing staff and junior doctors on where to access the correct MHA statutory forms and available training. The guide will also be included in the Post Graduate junior doctor's induction pack.
- 4.2 The team have booked in two MHA overview training sessions in CAMHS and in RGH and are in the process of finalising the monthly drop in sessions.
- 4.3 The first meeting of the Policy Working group has taken place this week. The group have agreed to share and review their Mental Health Act Policies, with the intention of them becoming all-Wales policies. Each Health Board would have ownership for their own protocols.
- 4.4 An audit of the statutory documentation for detained patients on Seren and St David's wards in RGH has been completed.– all actions have been completed with the MHA team adapting their MHA checklists in line with guidance from HIW
- 4.5 Once the audits have been undertaken for all wards within CTMUHB, spot check audits will be further conducted on a rolling basis.



5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Not Required.
Resource (Capital/Revenue £/Workforce) implications / Impact	There are no specific legal implications related to the activity outlined in this report.
Link to Strategic Well-being Objectives	There is no direct impact on resources as a result of the activity outlined in this report.
	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

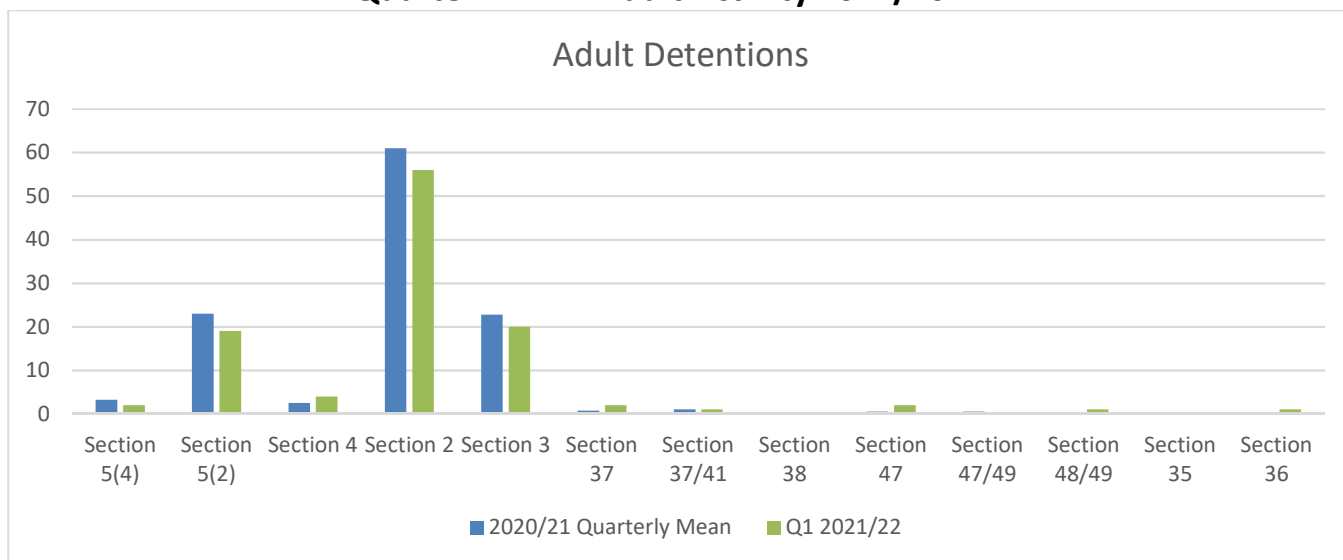
6. RECOMMENDATION

6.1 The Mental Health Act Monitoring Committee is asked to:

- **DISCUSS** and **NOTE** the report

Appendix 1.

Quarter 1 MHA Adult Activity 2021/2022



Quarter 1 MHA Adult Activity 2021/2022

Section	2020/21 Quarterly Mean	% of Total	Q1 2021/22	% of Total
Section 5(4)	3.25	2.80%	2	1.85%
Section 5(2)	23	19.83%	19	17.59%
Section 4	2.5	2.16%	4	3.70%
Section 2	61	52.59%	56	51.85%
Section 3	22.75	19.61%	20	18.52%
Section 37	0.75	0.65%	2	1.85%
Section 37/41	1	0.86%	1	0.93%
Section 38	0	0.00%	0	0.00%
Section 47	0.5	0.43%	2	1.85%
Section 47/49	0.5	0.43%	0	0.00%
Section 48/49	0.25	0.22%	1	0.93%
Section 35	0.25	0.22%	0	0.00%
Section 36	0.25	0.22%	1	0.93%
Total	116	100%	108	100.00%

Number of Adult MHA detentions per locality

Area	2020/21 Quarterly Mean	Q1 2021/22
Merthyr	15.75	22
Cynon	19	18



Taff	20.75	23
Rhondda	18.25	11
Bridgend	26.25	18
Out of area	16	16

Quarter 1 MHA Older Persons Activity 2021/2022



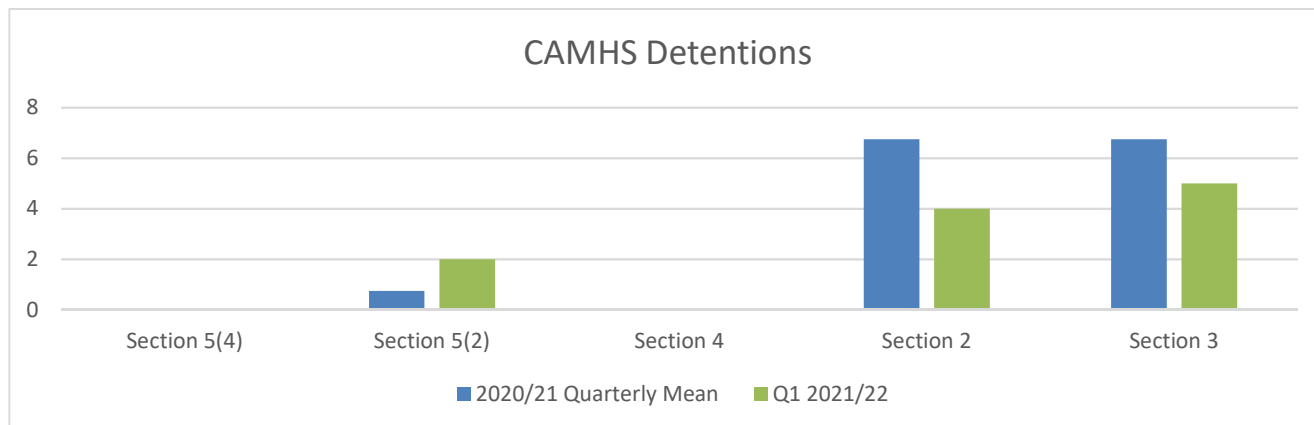
Quarter 1 MHA Older Persons Activity 2021/2022

Section	2020/21 Quarterly Mean	% of Total	Q1 2021/22	% of Total
Section 5(4)	0	0.00%	0	0%
Section 5(2)	2.75	7.64%	0	0%
Section 4	0	0.00%	0	0%
Section 2	22	61.11%	16	57.14%
Section 3	11.25	31.25%	12	42.86%
Total	36	100.00%	28	100%

Number of Older Persons MHA detentions per locality

Area	2020/21 Quarterly Mean	Q1 2021/22
Merthyr	7.25	6
Cynon	6.75	10
Taff	8.5	2
Rhondda	5	2
Bridgend	7.25	8
Out of area	1.25	0

Quarter 1 CAMHS Activity 2021/2022



Quarter 1 CAMHS Activity 2021/2022

Section	2020/21 Quarterly Mean	% of Total	Q1 2021/22	% of Total
Section 5(4)	0	0.00%	0	0%
Section 5(2)	0.75	5.26%	2	18.18%
Section 4	0	0.00%	0	0%
Section 2	6.75	47.37%	4	36.36%
Section 3	6.75	47.37%	5	45.45%
Total	14.25	100.00%	11	100%

Number of CAMHS MHA detentions per locality

Area	2020/21 Quarterly Mean	Q1 2021/22
Cwm Taf Morgannwg	3.25	1
Swansea Bay	1.25	2
Cardiff & Vale	4	7
Hywel Dda	3.75	1
Aneurin Bevan	2	0

Out of the 11 detentions for Q1 - 1 was detained on an Adult ward.

USE OF SECTIONS AND OUTCOMES for January-June 2021

Section 5(2) of the Mental Health Act 1983

A 'holding power' can be used by doctors to detain an inpatient in hospital for up to 72hrs for assessment under the Act. This cannot be used in A&E because the patient is not an inpatient. This section can be used by a non-psychiatric doctor on a general medical ward.

S5(2) OUTCOMES	Jan 21	Feb 21	March 21	April 21	May 21	June 21
Section 2	5	1	3	1	7	2
Section 3	1	0	1	0	1	1
Informal	5	7	2	3	4	3
Lapsed	0	0	0	1	1	0
Invalid	0	0	0	0	0	0

Section 2 of the Mental Health Act 1983

The power to detain someone believed to be suffering mental disorder for assessment (and treatment). The order lasts for up to 28 days and cannot be extended or renewed. The patient has a right of appeal against detention to a Mental Health Review Tribunal.

S 2 OUTCOMES	Jan 21	Feb 21	March 21	April 21	May 21	June 21
Section 3	4	8	8	7	8	13
Informal	7	12	14	10	15	15
Discharged	3	8	4	7	0	3
Lapsed	0	0	1	0	0	0
Invalid	0	0	0	0	0	0
Transfer	1	2	1	1	2	0

Section 3 of the Mental Health Act 1983

The power to detain someone for treatment of mental disorder. This order lasts for up to 6 months and can be renewed. Patient has the right of appeal against detention to a Mental Health Review Tribunal.

S 3 OUTCOMES	Jan 21	Feb 21	March 21	April 21	May 21	June 21
Section 3 renewed	1	2	2	2	4	4
Informal	5	4	4	4	3	3
Discharged	5	5	3	1	1	3
Lapsed	0	0	0	0	0	0



Invalid	0	0	0	0	0	0
Transfer	4	3	3	4	2	2
CTO	0	0	1	0	0	1

Number of compulsory admissions under the Mental Health Act 1983 (Section 2, 3, 4 and 37 only)

TABLE 10

	2020/21 Quarterly Mean	Q1 2021/22
Adult Detentions	88.75	78
Older Persons detentions	33.25	28
CAMHS detentions	13.5	6
TOTAL	135.5	112

SECTION LAPSING

Detentions under the Mental Health Act can lapse for the following reasons:

- A section expires without the Responsible Clinician exercising their power to discharge under Section 23 MHA or the patient is not further detained under Section 3 of the MHA.
- The AMHP and Responsible Clinician have a difference of opinion on the appropriateness of further detention under Section 3 of the MHA.
- No further assessment by an AMHP and/or Responsible Clinician has taken place in respect of the next steps in relation to the patient's detention status.

Although it is permitted to allow the section to lapse near the end of the section when no further detention is required, it is good practice for the Clinician to complete a discharge form.

It is particularly poor practice to allow the section to lapse when the Responsible Clinician has not seen the patient. In this instance, the issue is reported to the Clinical Director and monitored to avoid re-occurrence.

Section lapses	Section	2020/21 Quarterly Mean	Q1 2021/22
Adult	2	0	0
	3	0	0
	4	0	0
Older Persons	2	0.25	0
	3	0	0
	4	0	0
CAMHS	2	0	0
	3	0.25	0



	4	0	0
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TRANSFER BETWEEN HOSPITALS

Section 19 of The Mental Health Act allows for the transfer of Part 2 (Section 2, 3 and CTO Patients) and some Part 3 (Section 37, 37/41, 47, 47/49 and 48/49) detained patients from a hospital under one set of managers to a hospital under a different set of managers. For restricted patients transfers are subject to the prior agreement of the Secretary of State.

SECTION	2020/21 Quarterly Mean	Q1 2021/22
Part 2 Patients to CTUHB	12.75	7
Part 3 patients to CTUHB	0.25	2
Part 2 patients from CTUHB	16	6
Part 3 patients from CTUHB	0.5	1
TOTAL	29.5	16

COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q1 CTO Activity 2021/2022

SECTION	Power	2020/21 Quarterly Mean	Q1 2021/22
17A	Community Treatment Order made	5.5	3
	Community Treatment order extended	10.25	2
	Recalled to hospital and not revoked	3.5	3
	Recalled to hospital and revoked	2.25	5
	Discharged from CTO	3.75	6
	Transferred	0.5	5
	Other (Deceased)	0.25	0

Current CTO by area

Area	2020/21 Quarterly Mean	Q1 2021/22
Merthyr	7.25	7
Cynon	4.25	4
Taff	5.75	6
Rhondda	10.25	7
Bridgend	6.5	5
CAMHS	0	0
Out of area	0	0
Total	34	29

USE OF SECTION 135 AND SECTION 136

Police powers under the MHA to authorise removal to a Place of Safety.

Section 135

Warrants under the Act for (1) assessments on private premises and (2) recovering patients who are absent without leave. Lasts for up to 36hrs.

Section 135 of the Mental Health Act	2020/21 Quarterly Mean	Q1 2021/22
Assessed and admitted informally	0	0
Assessed and Discharged	0.25	0
Assessed and detained under Section 2	1.75	3
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0.75	0
TOTAL	2.75	3

Section 136

Power to detain someone in immediate need of care or control and remove him or her to a place of safety. Power to detain lasts for up to 24hrs.

Section 136 of the Mental Health Act	2020/21 Quarterly Mean	Q1 2021/22
Assessed and admitted informally	8	5
Assessed and detained under Section 2	5.25	6
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0.5	1
Discharged with no follow up required	6	10
Discharged referred to community services	16	27
Section 136 lapsed	0	2
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	35.75	51

HOSPITAL MANAGERS HEARINGS

Under the provisions of the Mental Health Act 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Managers responsibilities are as follows:

- Undertake a review of detention at any time
- Must review a patient's detention when Responsible Clinician (RC) submit a report under Section 20/20A renewing detention and extending CTOs
- Must consider holding a review when a patient requests it
- Must consider holding a review when the RC makes a report under Section 25 (1) barring a nearest relative application for the patient's discharge.

Hospital Managers Hearings	2020/21 Quarterly Mean	Q1 2021/22
Number of Hearings held	13.25	7
Number of Referrals by Hospital Managers	16.5	9
Number of Appeals to Hospital Managers	1.75	4
Number of Detentions upheld by Hospital Managers	10.5	7
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	1.5	2

Q1: 2 hearings were postponed
0 hearings were adjourned
1 patient was transferred prior to the Hearing

TRIBUNAL HEARINGS

The Mental Health Review Tribunal for Wales (MHRT) is a statutory body that works independently of the Health Board to review appeals made by detained patients for discharge from their detention and community orders under the Mental Health Act 1983. Patients are also automatically referred by the Hospital Managers in certain circumstances.

MHRT Hearings	2020/21 Quarterly Mean	Q1 2021/22
Number of Hearings held	46.5	24
Number of Referrals by Hospital Managers	11.25	12
Number of referrals by Ministry of Justice	1.75	0
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	33.5	46
Number of Detentions upheld by MHRT	18	24
Number of detentions discharged by MHRT	1.75	0
Number of Hearings adjourned/postponed	1.75	9
Number of Hearings cancelled by patient	7.75	5
Number of patients transferred to another Health Board prior to Hearing	2.5	2
Number of patients discharged by RC prior to Hearing	10.5	11

OTHER ACTIVITY

Death of a Detained Patient

The Hospital Managers have a duty to report to Healthcare Inspectorate Wales (HIW) any patients deceased who are subject to the Mental Health Act within 72 hours of death. This applies to in-patients as well as community treatment order and guardianship patients. The Coroner must also be informed.

Q1: There were no deaths of patients detained under the MHA 1983.

Admin errors and breaches on the Mental Health Act documentation

TABLE 21

Category	2020/21 Quarterly Mean	Q1 2021/22
Rectifiable (minor errors)	28	33
Fundamentally defective	1.75	3

- 33 minor errors rectified within 14 days as per Section 15 MHA.
- The three fundamental errors are discussed in the more detail in the separate errors and breaches report.

	Angelton	POW			RGH					Ty Llidiard
Sections	2	14	PICU	ITU	Admissions	22	PICU	Seren	St David's	Enfys
Section 2	2	5	1	0	7	1	1	2	2	0
Section 3	1	0	0	0	0	1	1	2	0	2
Section 4	0	1	0	0	0	0	0	0	0	0
Section 5(2)	0	0	0	1	0	1	0	0	0	0
Section 17F CTO Revocation)	0	0	0	0	1	0	0	0	0	0
Total	3	6	1	1	8	3	2	4	2	2

Rectifiable Errors		Angelton	POW			RGH					Ty Llidiard	
Responsible for Error	Forms	2	14	PICU	ITU	Admissions	22	PICU	Seren	St David's	Enfys	Total
AMHP	HO2	2	2	1	0	2	0	1	1	1	0	10
AMHP	HO6	1	0	0	0	0	0	1	0	0	0	2
Doctor	HO3	1	1	0	0	0	0	0	0	1	0	3
Doctor	HO4	0	1	0	0	3	1	0	0	0	0	5
Doctor	HO8	0	0	0	0	1	1	0	1	1	1	5
Doctor	CP7	0	0	0	0	1	0	0	0	0	0	1
Doctor or Nurse	HO12	0	0	0	1	0	1	0	0	0	0	2
Nurse	HO14	1	2	0	0	1	0	0	3	0	2	9
Other UHB	TC1	0	0	0	0	0	0	0	0	0	1	1
	Total	5	6	1	1	8	3	2	5	3	4	38

- Some detentions contain multiple errors on the section papers

Fundamental Errors	PCH	RGH	Ty Llidiard
Sections	A&E	22	Enfys
Section 2	0	0	1
Section 136	1	0	0
Section 17F CTO Revocation)	0	1	0
Total	1	1	1

- ❖ Invalid Section 2 – Improper use of Section 2.

Patient discharged from Section 2 in quarter 1. Section 3 medical recommendation completed and following the Mental Health Act assessment, the patient's nearest relative would not agree to further detention so it could not continue without the nearest relative being displaced by the County Court. The patient was then detained under Section 2 a second time and this is subject to a review.

- ❖ Lapsed Section 136 – Patient not assessed within 24 hours.

A patient was detained under S136 and taken to A&E in POW at 1.11am on 14/06/2021. The patient was not assessed whilst in A&E and was discharged the next day and taken to Ward 14 for assessment at 3.45pm on 15/06/2021. The S136 lapsed at 1.10am on 15/06/2021. No request for the S136 to be extended by 12 hours had been submitted.

- ❖ Invalid Section 17F Revocation of CTO.

Section 17F Revocation of CTO was invalid as the patient had not formally been Recalled to hospital from his CTO under Section 17E.

TRAINING

Three joint specialised Mental Health Act training events between Health and Social Services have been booked for 2021/2022 as follows:

Section 117- 13th July 2021
CTOs/Guardianship-13th September 2021
Interface between MHA/MCA-13th January 2022.

MHA team have booked two overview training on the Mental Health Act 1983 on 6th August for the CAMHS and 24th August for new starters on the acute Mental Health wards in RGH

Two sessions on the MHA have been booked for 20th July and 14th September with an external trainer. These will primarily focus on the issues of nature & degree, threshold for detention, informed consent for informal admission and the MCA.

Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

Section 5(4) Nurse holding power.	This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician <i>(1 holding power form required)</i>
Section 5(2) Doctor's or Approved Clinician's Holding power	This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital. <i>(1 holding power form required)</i>
Section 4 Admission for assessment in cases of emergency	Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency. <i>(1 Medical Recommendation and AMHP assessment required)</i>
Section 2 Admission for assessment	Individual is detained in hospital for up to 28 days for assessment of mental health. Criteria: Suffering from mental disorder of a nature or degree that warrants the detention of the patient in hospital for assessment for at least a limited period. And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons <i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i>
Section 3 Admission for Treatment	Individual is detained in hospital for up to 6 months for treatment of mental disorder. Criteria: Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital



	<p>Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital.</p> <p>In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
Section 7 Guardianship	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria: Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient</p> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
Section 37 Guardianship by Court Order	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria: Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p>
Section 37/41 Admission to hospital by a Court Order with restrictions	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
Section 135 Admission of patients removed by Police under a Court Warrant	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){sections and CTO patients} required)</i></p>
Section 136 Admission of mentally disordered persons found in a public place	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p>

	<i>(Police Service Section 136 monitoring form required)</i>
Section 17 A Community Treatment Order (CTO)	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p> <p>Be available to be examined by Responsible Clinician for review of CTO and whether should be extended. Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued.</p> <p>The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family.</p> <p><i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i></p>
Section 17 leave	<p>Allows Responsible Clinician (RC) to grant day and/or overnight leave of absence from hospital to patient liable to be detained under the Mental Health Act 1983. Leave can have set of conditions attached for the patient's protection as well as protection of others. Leave can be limited to specific occasions or longer-term. There is a requirement for RC to consider CTO if overnight leave will be over 7 days. Patients can be recalled to hospital if they do not comply with the requirement of their leave.</p> <p><i>(Section 17 leave non-statutory form required)</i></p>
Section 117 aftercare	<p>This section applies to persons who are detained under Section 3, 37, 45 A, transferred direction under section 47 or 48 and who cease to be detained after leaving hospital. It is the duty of the Health Board and Local Authorities to provide aftercare under Section 117 free of charge to patients subject to the above sections. Patients can be discharged from Section 117 aftercare if they no longer receiving services.</p>
MHAM Hearings (Mental Health Act Managers)	<p>Patients detained under sections of the Mental Health Act are entitled to appeal against their detention to the Hospital Managers several times during their period of detention. Patients are also referred to the Hospital Managers by the Mental Health Act Administrators when the Responsible Clinician (RC) submits a report renewing the section.</p>
MHRT Hearings (Mental Health Review Tribunal)	<p>Patients detained under Sections of the Mental Health Act are entitled to appeal against their detention to the Mental Health Review Tribunal for Wales once in each period of detention. If a patient decides to withdraw their appeal, they can appeal again at a later date and do not lose the right of appeal. Patients are also automatically referred to the Mental Health Review Tribunal by the Mental Health Act Administrators if they have not exercised their right of appeal after a set period. Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.</p>